| Electronic Patent Application Fee Transmittal |   |          |          |        |                         |  |  |
|---|---|----------|----------|--------|-------------------------|--|--|
| Application Number:                           | 10625200  |          |          |        |                         |  |  |
| Filing Date:                                  | 23-Jul-2003   |          |          |        |                         |  |  |
| Title of Invention:                           | Methods and apparatus for correction of urinary and gynecological pathologies, including treatment of male incontinence, and female cystocele |          |          |        |                         |  |  |
| First Named Inventor/Applicant Name:          | Shlomo Raz  |          |          |        |                         |  |  |
| Filer:  | Paul W. Busse/Karen Hull  |          |          |        |                         |  |  |
| Attorney Docket Number:                       | AMS-155   |          |          |        |                         |  |  |
| Filed as Large Entity                         |   |          |          |        |                         |  |  |
| Utility Filing Fees                           |   |          |          |        |                         |  |  |
| Description                                   |   | Fee Code | Quantity | Amount | Sub-Total in<br>USD(\$) |  |  |
| Basic Filing:                                 |   |          |          |        |                         |  |  |
| Pages:  |   |          |          |        |                         |  |  |
| Claims:                                       |   |          |          |        |                         |  |  |
| Miscellaneous-Filing:                         |   |          |          |        |                         |  |  |
| Petition:                                     |   |          |          |        |                         |  |  |
| Patent-Appeals-and-Interference:              |   |          |          |        |                         |  |  |
| Post-Allowance-and-Post-Issuance:             |   |          |          |        |                         |  |  |
| Extension-of-Time:                            |   |          |          |        |                         |  |  |
| Extension - 1 month with \$0 paid             |   | 1251     | 1        | 120    | 120                     |  |  |

| Description                       | Fee Code | Quantity | Amount | Sub-Total in<br>USD(\$) |  |  |  |  |
|-----------------------------------|----------|----------|--------|-------------------------|--|--|--|--|
| Miscellaneous:                    |          |          |        |                         |  |  |  |  |
| Request for continued examination | 1801     | 1        | 790    | 790                     |  |  |  |  |
|                                   | Tota     | 910      |        |                         |  |  |  |  |